



Australian Skeptics Inc

Position statement on same-sex marriage postal ballot

Marriage equality: Skeptics say “Yes” to science

Summary:

While the postal ballot is about the right of same-sex couples to get married, the subject of children in LGBTIQI families has been drawn into the conversation by both sides. There have been specific claims that cite a body of evidence. As part of a wider consideration of these positions, Australian Skeptics Inc has examined the merits of these claims. Are the Yes and No campaigns drawing from good evidence to back their arguments?

According to the majority of peer-reviewed studies, there is no intrinsic damage to children of same-sex marriages (or even same-sex relationships without marriage), outside of any social abuse and schoolyard bullying inflicted on children and based purely on the fact of having same-sex parents. If the argument against same-sex marriage does and needs to draw on scientific and medical evidence to justify a No case, and if those conclusions are based on an analysis of evidence which itself is open to criticism, discredited and debunked, then the debate stops being an evidence-based issue and becomes solely a socio-religious issue.

ASI concludes that the scientific evidence base for the No campaign is less convincing than that presented for the Yes case.

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Statement:

This statement is the considered opinion of the Committee of Australian Skeptics Inc (ASI). We do not claim to speak for every member of the skeptical community.

The primary aim of Australian Skeptics Inc (ASI) is “To publicly advocate for evidence-based and rational decision making and policy development by individuals, as well as government, statutory bodies, and other organisations.”¹

We are closely observing the debate over same-sex marriage. The arguments for the Yes and No cases invoke a wide range of concepts including religious traditions and human rights.

We are most interested in the arguments that refer to scientific or sociological research. We maintain that any such argument should refer only to sound research findings.

For the reasons set out below, we contend that the research material relied upon by the No case is frequently of poor quality and has already been debunked. We find that the Yes case is based on better quality research.

Some people are suffering discrimination due to their sexual orientation and gender preferences. This discrimination harms their health. The victims suffer higher incidences of mental illness, depression, and suicides.^{2,3,4}

The Australian Christian Lobby (ACL) is one of the leading No campaigners. The arguments expressed on their website focus on creating uncertainty and fear: “Redefining marriage comes with many ‘hidden’ consequences” and “Same-sex marriage is a proxy war for much bigger things.”⁵ We cannot find sound evidence for these predictions. They appear to arise from the ACL’s interpretation of events in other societies that have redefined marriage, leading to contentions about what will happen in Australia. The key plank in ACL’s No platform appears to be that marriage equality will have an inevitable consequence: the erosion of religious freedom. If our Parliament redefines marriage, then ASI will join those who support the preservation of religious freedom. However, at present, we do not regard ACL’s apprehensions as supported by sound research.

The recently formed Coalition for Marriage (C4M)⁶, seeks to be the “leading voice for the plebiscite NO campaign”. It has a similar focus to the ACL: apprehensions based on the ‘safe schools’ program, freedom of religion, freedom of speech. Some evidence is invoked that we find unpersuasive and we invite the reader to see for themselves. For example, it is fallacious to cite two facts and assume a causal relationship as with: “in the year that Safe Schools was introduced in Victoria, the Royal Children’s Hospital treated six children for gender dysphoria. Six years later, that number was 250.”⁷

The same situation exists for some supporters of a Yes vote. For example, the NSW Law Society’s message⁸ is about the legal issues rather than any scientific support for the concept of same-sex parenthood.

With regard to arguments concerning same-sex marriage *per se*, there is little if any use of science-based evidence to support claims, all of which seem to be based on social, religious and ethical grounds. Virtually all science-based evidence concerns the well-being of children in same-sex relationships.

Children with same-sex parents

In addition to its socio-religious concerns, the ACL’s 2012 submission⁹ to the Australian Senate’s Standing Committee on Social Policy and Legal Affairs “Concerning the Marriage Amendment Bill 2012 and the Marriage Equality Amendment Bill 2012” cites a number of studies, quoting one which says: “There is an ‘extensive body of research [which] tells us that children do best when they grow up with both biological parents’.”

However, the ACL’s submission draws on studies and analysis that are highly contentious. For example, at several places it cites “Dr Robert Lerner and Dr Althea Nagai, experts in quantitative analysis”. Lerner and Nagai’s research has been called into serious question.¹⁰

In contrast, in May of this year the Australian Medical Association issued a position statement¹¹ that reads, in part: “There is no putative, peer-reviewed evidence to suggest that

children raised in same-sex parented families suffer poorer health or psychosocial outcomes as a direct result of the sexual orientation of their parents or carers. There is research highlighting that physical, psychosocial, psychological, and educational outcomes for these children are on par with, and in some aspects comparatively better than, children raised in heterosexual parented families.”

This is a view shared by the Australian Institute of Family Studies – Child Family Community Australia¹²: “On measures of general health and family cohesion children aged 5 to 17 years with same-sex attracted parents had significantly better scores when compared to Australian children from all other backgrounds and family contexts. For all other health measures there were no statistically significant differences.”

The AMA statement elicited a detailed critical response¹³ titled “Misleading the public - Neglecting the child” from a six-person working group of AMA members who support the No case. This concluded that “The most egregious [example of misleading information] is the assertion that there is no peer-reviewed evidence of ‘poorer health or psychosocial outcomes’ for children raised in same-sex parented families. That is a politically potent claim and unequivocally false. We reference peer-reviewed articles that do find poorer outcomes for children raised by same-sex couples, and we also show that the AMA was aware of this evidence.”

(The statement by the NSW Law Society *et al* also elicited a critical response, though this centred on legal issues and the right of the management of those organisations to speak on behalf of their members.)

The paper critical of the AMA position draws a great deal - 15 mentions - from a 2012 study by Prof Mark Regnerus from the University of Texas. Regnerus’ study defied the consensus that there was no evident harm to children from a same-sex parental upbringing. However, at the time (and since), this study was widely discredited when the data was examined by other researchers.^{14,15}

AMA president Dr Michael Gannon has stood by the organisation’s statement.

According to the majority of peer-reviewed studies¹⁶, there is no intrinsic damage to children of same-sex marriages (or even same-sex relationships without marriage), outside of any social abuse and schoolyard bullying inflicted on children and based purely on the fact of having same-sex parents. Even with regard to the stability of same-sex marriages - an issue that affects all relationships, whether marriage or not, whether heterosexual or same-sex – there is no evidence that same-sex marriages are, overall, any less stable than heterosexual marriages.¹⁷

Evaluation of the quality and nature of research is part of the peer review process.¹⁸ As the marriage debate continues, we urge all advocates to be conscientious when contending that research supports their arguments.

Further information is available from:

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Australian Skeptics Inc

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References

Reference #1:

skeptics.com.au/about/our-aims

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Reference #2:

“LGBTI People Mental Health and Suicide”
Briefing Paper, Revised 2nd Edition, 2013
Beyond Blue

Gabi Rosenstreich

<https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2>
[<https://tinyurl.com/jry6zx4>]

“Although most LGBTI Australians live healthy, happy lives, a disproportionate number experience worse health outcomes than their non-LGBTI peers in a range of areas, in particular mental health and suicidality. These disproportionately poor outcomes are found in all age groups of LGBTI people.”

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Reference #3:

“Recognising and addressing the mental health needs of the LGBTI population”
Position Statement 83, March 2016
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/PS-83-LGBTI-mental-health-2016.aspx
[<https://tinyurl.com/y7mf6ewf>]

“People who identify as LGBTI are at increased risk of exposure to institutionalised and interpersonal discrimination and marginalisation which in turn increases vulnerability to mental illness and psychological distress (King & Nazareth, 2006). Mental health outcomes for the LGBTI populations of Australia and New Zealand are amongst the lowest of any demographic (Chakraborty et al., 2011).

“In Australia, LGBTI people have very high rates of suicidality, with 20% of trans people and 15.7% of lesbian, gay and bisexual people reporting current suicidal ideation (Rosenstreich, 2013). Same-sex attracted people are up to 14 times more likely to attempt suicide, twice as likely to experience anxiety disorders and three times more likely to

experience affective disorders compared with the broader population (Rosenstreich, 2013; ABS, 2007).

“In New Zealand, LGBTI people are similarly vulnerable. Gay men experience mental health problems at over five times the rate of opposite-sex attracted men, with an estimated 28.6% of same-sex attracted men having attempted suicide and 71.4% reporting suicidal ideation, compared with 1.6% and 10.9% of heterosexual men respectively (Adams et al, 2013). A survey of New Zealand secondary students found that 20% of same-sex attracted students had attempted suicide in the past year, compared with 4% of their opposite-sex attracted peers (Rossen et al, 2009).

“The birth of an intersex child continues to be treated as a ‘psychosocial emergency’, leading to nonessential medical interventions from infancy (Latham & Barrett, 2015). Across Australia and New Zealand it has been found that intersex adults exhibit psychological distress at levels comparable with traumatised non-intersex women, such as those who have experienced severe physical or sexual abuse (Rosenstreich, 2013).”

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Reference #4:

“The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding”.

US Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011

<https://www.ncbi.nlm.nih.gov/books/NBK64795/>

“Lesbian, gay, bisexual, and transgender (LGBT) individuals experience unique health disparities. Although the acronym LGBT is used as an umbrella term, and the health needs of this community are often grouped together, each of these letters represents a distinct population with its own health concerns. Furthermore, among lesbians, gay men, bisexual men and women, and transgender people, there are subpopulations based on race, ethnicity, socioeconomic status, geographic location, age, and other factors. Although a modest body of knowledge on LGBT health has been developed, these populations, stigmatised as sexual and gender minorities, have been the subject of relatively little health research. As a result, a number of questions arise: What is currently known about the health status of LGBT populations? Where do gaps in the research exist? What are the priorities for a research agenda to address these gaps?

“At the request of the National Institutes of Health (NIH), the Institute of Medicine convened a consensus committee to answer these questions. The 17-member Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities comprised experts in the fields of mental health, biostatistics, clinical medicine, adolescent health and development, aging, parenting, behavioural sciences, HIV research, demography, racial and ethnic disparities, and health services. The committee was asked to conduct a review and prepare a report assessing the state of the science on the health status of lesbian, gay, bisexual, and transgender populations; identify research gaps and opportunities; and outline a research agenda that will assist NIH in enhancing its research efforts in this area.

“Many historical events have contributed to the stigmatisation of nonheterosexual and gender-variant individuals. The inclusion of homosexuality in the *Diagnostic and Statistical Manual of Mental Disorders* until 1973 shaped sexual-minority patients’ interactions with the health care system. Likewise, the legal landscape affects aspects of people's lives that

influence health. For instance, laws prohibiting marriage between same-sex individuals often affect the access of lesbians, gay men, and bisexual people to employer-sponsored health insurance. Other barriers to care include the limited availability of providers with adequate training to treat transgender patients in a culturally competent manner and LGBT patients' previous negative experiences with the health care system.

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Reference #5:

“Help Ensure Australians Make the Right Choice in the Marriage Plebiscite”

acl.nationbuilder.com/marriage_coalition

The ACL’s message seems to be mixed and at times contradictory. At one stage in an interview on *Sky News* ([youtube.com/watch?v=VjoGO65fH6U](https://www.youtube.com/watch?v=VjoGO65fH6U)), Lyle Shelton, the managing director of ACL, says that his concern about same-sex marriage “doesn’t mean that two men or two women can’t love a baby and be good parents; of course they can”.

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Reference #6:

<https://www.coalitionformarriage.com.au/>
- See “Consequences” menu

At the bottom of the C4M home page is a confusing depiction of the definition of the Yes and No votes. It asks readers if, Yes, they will “vote to keep the Marriage Act as it stands”, or No, they will vote to change it. This is the opposite of how the Yes/No dichotomy is generally being portrayed – Yes to change the act, No to maintain the status quo. We cannot say if this reversal of the accepted voting pattern is deliberate to cause confusion, or just a different approach by the C4M.

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Reference #7:

https://www.coalitionformarriage.com.au/gender_identity

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Reference #8:

“Barristers, solicitors and doctors unite to support marriage equality laws”
19 August 2017

<https://www.lawsociety.com.au/about/news/1392751>

“The legal and medical professions in NSW have united in support of the introduction of marriage equality laws.

“The President of the New South Wales Bar Association Arthur Moses SC, the President of The Law Society of NSW Pauline Wright and the President of the Australian Medical Association (NSW) Professor Brad Frankum have come together to express their support for same sex marriage legislation at the federal level.

“Our organisations support the introduction of marriage equality laws and consider that legislation that discriminates on the basis of sexual orientation and gender identity is fundamentally wrong, Mr Moses, Ms Wright and Professor Frankum said.

Ms Wright said denying couples of the same sex the choice to enter a civil marriage contravened the principle of equality before the law.

“ ‘The Law Society of NSW is committed to ensuring that all Australians are equal before the law in rights and dignity, regardless of sexual orientation or gender identity,’ Ms Wright said.”

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Reference #9:

“Inquiry into the Marriage Equality Amendment Bill 2012 and the Marriage Amendment Bill 2012”

House Standing Committee on Social Policy and Legal Affairs

Published responses

http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=spla/bill%20marriage/responses.htm

[<https://tinyurl.com/yaths6yk>]

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Reference #10:

For example,

“I call ‘bullshit’ Mr Wallace – Doctors for the Family”

Chrys Stevenson

May 2012

<https://thatsmyphilosophy.wordpress.com/2012/05/15/i-call-bullshit-mr-wallace-doctors-for-the-family/>

[<https://tinyurl.com/yaw7njf5>]

“In 1997 Lerner and Nagai were commissioned to write another right-wing conservative book. Subsequently, American Elites was reviewed as follows in the prestigious American Journal of Sociology, September 1997: ‘The samples can only be described as conceptually dubious and methodologically unsound ... The methodology could not pass a first-year research methods course.’”

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Reference #11:

AMA position statement
Marriage Equality 2017

https://ama.com.au/sites/default/files/documents/Marriage%20Equality%20-%202017%20-%20AMA%20position%20statement_0.pdf
[<https://tinyurl.com/y8zrc4wa>]

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Reference #12:

“Same-sex parented families in Australia”
Australian Institute of Family Studies – Child Family Community Australia
(CFCA Paper No 18 – December 2013)

Deborah Dempsey

<https://aifs.gov.au/cfca/publications/same-sex-parented-families-australia>
[<https://tinyurl.com/yaktxpcf>]

“On measures of general health and family cohesion children aged 5 to 17 years with same-sex attracted parents had significantly better scores when compared to Australian children from all other backgrounds and family contexts. For all other health measures there were no statistically significant differences. These preliminary findings indicate Australian children with same-sex attracted parents are developing well.

“Three meta-analyses (all conducted in the US) have now been published that consider whether and how the sexual orientation and/or gender of parents is associated with particular aspects of children’s development (Allen & Burrell, 1996, 2002; Crowl et al, 2008). All have concluded that being raised in a lesbian- or gay-parented family has negligible influence on children’s psychological adjustment. ‘Psychological adjustment’ encompasses children’s emotional wellbeing, their capacity to adhere to socially defined standards of appropriate behaviour, the quality of their relationships with peers, the degree of stigmatisation they experience, their self-esteem, and overall mental health.

“Allen and Burrell, in 1996 and again in 2002, found no statistical differences between the lesbian- or gay- and heterosexual-parented children on any measures with regard to children’s psychological adjustment, whether the data included was based on parents’ reports, teachers’ reports of children’s behaviour, or reports from the children themselves. The authors concluded each time there was no reason for US courts to continue their bias against same-sex parents.”

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Reference #13:

“Misleading the public, neglecting the child”
Medical Critique of the Australian Medical Association’s Position Statement on Marriage Equality

<https://critiqueama.files.wordpress.com/2017/07/medical-critique-of-the-ama-position-statement-on-marriage-equality.pdf>
[<https://tinyurl.com/y7mrteby>]

As of August 12, close to 400 doctors had offered their support for this critical response via a petition to the AMA to withdraw the statement.

As of August 20, an alternative letter in support of the AMA position, in reply to the above rebuttal, has been signed by approximately 2000 AMA members.

There are approximately 30,000 members of the AMA.

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Reference #14:

“Experts Condemn Flawed Regnerus Study* On Same-Sex Parenting”
Equality Matters – a campaign for full LGBT equality
June 2012

Author: “C.M.”

<http://equalitymatters.org/factcheck/201206220001>

“This month, anti-gay conservatives have been celebrating a new study which allegedly found that children raised by gay parents suffered a number of negative consequences. In reality, the study’s flawed methodology has been widely criticized by experts, columnists, and LGBT organisations across the country.”

Includes supportive comments, and then 14 expert opinions and commentaries on why Regnerus study is a failure.

*The original Regnerus study appeared in the journal *Social Science Research*, June 1012. The study was funded by the Witherspoon Institute and the Bradley Foundation, groups that are “commonly known for their support of conservative causes”, though the organisations played no role in the design and analysis of the report, the study said.

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Reference #15:

“No evidence’: Medical groups rubbish ‘red herring’ claims about same-sex parents”
Sydney Morning Herald
August 14 2017

Michael Koziol

<http://www.smh.com.au/federal-politics/political-news/no-evidence-medical-groups-rubbish-red-herring-claims-about-samesex-parents-20170814-gxvlyl.html>
[<https://tinyurl.com/y8e42vos>]

Speaking to Fairfax Media recently, Dr Damien Riggs, associate professor of social science at Flinders University and APS fellow, said that, regarding the Regnerus study, “The analysis

was wrong. ... It is proven that their methods were unsound - the way they did their analysis was unsound.”

Dr Riggs told Fairfax that, while public debate often made the science appear contested, in the social science community the issue was largely settled.

“There are no noticeable differences between children of heterosexual parents and children of homosexual parents, other than discrimination. What we need to do is combat discrimination, so then there are no differences at all.”

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Reference #16:

“What does the scholarly research say about the wellbeing of children with gay or lesbian parents?”

Columbia Law School, The ‘What We Know’ Project

Authors: unknown

<http://whatweknow.law.columbia.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-wellbeing-of-children-with-gay-or-lesbian-parents/>
[<https://tinyurl.com/moc7uxn>]

“We identified 79 scholarly studies that met our criteria for adding to knowledge about the wellbeing of children with gay or lesbian parents. Of those studies, 75 concluded that children of gay or lesbian parents fare no worse than other children. While many of the sample sizes were small, and some studies lacked a control group, researchers regard such studies as providing the best available knowledge about child adjustment, and do not view large, representative samples as essential. We identified four studies concluding that children of gay or lesbian parents face added disadvantages. Since all four took their samples from children who endured family break-ups, a cohort known to face added risks, these studies have been criticised by many scholars as unreliable assessments of the wellbeing of LGB-headed households. Taken together, this research forms an overwhelming scholarly consensus, based on over three decades of peer-reviewed research, that having a gay or lesbian parent does not harm children.”

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Reference #17:

“The Stability of Same-Sex Cohabitation, Different-Sex Cohabitation, and Marriage”

Journal of Marriage and Family

September 2012

Charles Q. Lau, RTI International and California Center for Population Research

<http://onlinelibrary.wiley.com/doi/10.1111/j.1741-3737.2012.01000.x/abstract> [requires payment]

“The author analysed data from 2 British birth cohort studies: the National Child Development Study ($N = 11,469$) and the 1970 British Cohort Study ($N = 11,924$). These data contain retrospective histories of same-sex and different-sex unions throughout young

adulthood (age 16–34) from 1974 through 2004. Event-history analyses showed that same-sex cohabitations have higher rates of dissolution than do different-sex cohabiting and marital unions. Among same-sex couples, male couples had slightly higher dissolution rates than did female couples. In addition, same-sex couples from the 1958 and 1970 birth cohorts had similar levels of union stability. The demographic correlates of union stability are generally similar for same-sex and different-sex unions.”

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Reference #18:

Lesbian & Gay Parenting

American Psychological Association (APA) Lesbian, Gay, and Bisexual Concerns Office
Published 2005

<https://www.apa.org/pi/lgbt/resources/parenting-full.pdf>

“The results of existing research comparing lesbian and gay parents to heterosexual parents and children of lesbian and gay parents to children of heterosexual parents are quite clear: Common stereotypes are not supported by the data. Without denying the clarity of results to date, it is important also for psychologists and other professionals to be aware that research in this area has presented a variety of methodological challenges.

As is true in any area of research, questions have been raised with regard to sampling issues, statistical power, and other technical matters (eg, Belcastro, Gramlich, Nicholson, Price, & Wilson, 1993; Wardle, 1997). Some areas of research, such as gender development, and some periods of life, such as adolescence, have been described by reviewers as understudied and deserving of greater attention (Perrin and the Committee on Psychosocial Aspects of Child and Family Health, 2002; Stacey & Biblarz, 2001). In what follows, efforts will be made to highlight the extent to which the research literature has responded to such criticisms. ...

“In summary, there is no evidence to suggest that lesbian women or gay men are unfit to be parents or that psychosocial development among children of lesbian women or gay men is compromised relative to that among offspring of heterosexual parents. Not a single study has found children of lesbian or gay parents to be disadvantaged in any significant respect relative to children of heterosexual parents. Indeed, the evidence to date suggests that home environments provided by lesbian and gay parents are as likely as those provided by heterosexual parents to support and enable children's psychosocial growth.”